SERFF Tracking #: ASPX-G130230880 State Tracking #:

Company Tracking #: DC07897Al00018

State: District of Columbia Filing Company: American Bankers Insurance Company of Florida

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

**Product Name:** TRIA 2015

Project Name/Number: First Protector/DC07897Al00018

## Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: TRIA 2015

State: District of Columbia

TOI: 33.0 Other Lines of Business
Sub-TOI: 33.0002 Other Commercial Lines

Filing Type: Form

Date Submitted: 09/03/2015

SERFF Tr Num: ASPX-G130230880 SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: DC07897AI00018

Effective Date 01/01/2016

Requested (New):

Effective Date 01/01/2016

Requested (Renewal):

Author(s): SPI AssurantPC

Reviewer(s):

Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

SERFF Tracking #: ASPX-G130230880 State Tracking #:

Company Tracking #: DC07897AI00018

State: District of Columbia Filing Company: American Bankers Insurance Company of Florida

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

Product Name: TRIA 2015

Project Name/Number: First Protector/DC07897AI00018

### **General Information**

Project Name: First Protector Status of Filing in Domicile: Not Filed

Project Number: DC07897Al00018 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 09/03/2015

State Status Changed: Deemer Date:

Created By: SPI AssurantPC Submitted By: SPI AssurantPC

Corresponding Filing Tracking Number:

Filing Description: September 3, 2015

District of Columbia Department of Insurance

Re: AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

NAIC # 019-10111 / FEIN # 59-0593886

LOB: Commercial Miscellaneous

First Protector Program

Company Filing Number: FIB DC07897AI0018

Form Filing for Approval

Certified Acts of Terrorism Coverage and Cap on Certified Losses FIB0001E-0415 (new)

Disclosure Notice N8051-0415 (new)

Dear Examiner:

Our First Protector program is approved in your state.

Pursuant to H.R. 26, Terrorism Risk Insurance Reauthorization Act of 2015, we are submitting the above referenced forms for use with our program.

The corresponding rule filing was submitted via SERFF# ASPX-G130231503.

We are requesting an effective date of January 1, 2016 for both new and renewal business.

Thank you for your time and attention to this filing. If you have any questions, please feel free to contact me.

Sincerely,

Toni Fish

Contract Compliance Analyst

State Filings Department

Phone No.: 1-800-852-2244, Extension 33104

Fax No 305-256-7108

SERFF Tracking #: ASPX-G130230880 State Tracking #:

Company Tracking #: DC07897Al00018

State: District of Columbia Filing Company: American Bankers Insurance Company of Florida

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

**Product Name:** TRIA 2015

Project Name/Number: First Protector/DC07897Al00018

## **Company and Contact**

### **Filing Contact Information**

Toni Fish, Contract Compliance Analyst Toni.Taylor@assurant.com

11222 Quail Roost Drive 305-253-2244 [Phone] 33104 [Ext]

Miami, FL 33157 305-252-6987 [FAX]

**Filing Company Information** 

American Bankers Insurance CoCode: 10111 State of Domicile: Florida

Company of Florida Group Code: 19 Company Type: 11222 Quail Roost Dr Group Name: Assurant, Inc. Group State ID Number:

Miami, FL 33157 FEIN Number: 59-0593886

(305) 253-2244 ext. [Phone]

## Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: ASPX-G130230880 State Tracking #: Company Tracking #: DC07897AI00018

State: District of Columbia Filing Company: American Bankers Insurance Company of Florida

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

**Product Name:** TRIA 2015

Project Name/Number: First Protector/DC07897AI00018

## Form Schedule

Item	Schedule Item	Form	Form	Edition	Form	Form	Action Specific	Readability	
No.	Status	Name	Number	Date	Type	Action	Data	Score	Attachments
1		Disclosure Notice- Applicant or Policyholder Pursuant to Terrorism Risk Insurance Act		0415	DSC	New		0.000	N80510415_Terr orism Notice.PDF
2		Certified Acts of Terrorism Coverage and Cap on Certified Losses	FIB0001E-	0415	END	New		0.000	FIB0001E0415_ Certified Acts of Terrorism Coverage and Cap.PDF

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	ОТН	Other

## DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

Coverage for acts of terrorism is already included in your current policy or new/renewal premium quotation.

The premium that is attributable to coverage for acts of terrorism has been waived for the current policy term. Future premium charges for terrorism coverage, if any, will be made at the time of your next policy renewal.

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula the United States Government generally reimburses 85% through 2015; 84% beginning January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020; of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

[Insurer]
[Policy Number]

### **American Bankers Insurance Company of Florida**

[A Stock Insurance Company] [11222 Quail Roost Drive, Miami, FL 33157-6596•305. 253.2244]

# FIRST PROTECTOR PROGRAM CERTIFIED ACTS OF TERRORISM COVERAGE AND CAP ON CERTIFIED ACTS LOSSES

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Your policy covers certified acts of terrorism.

"Certified act of terrorism" - means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act.

The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

- 1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
- 2. The act is a violent act or an act that is:
  - (a) Dangerous to human life, property or infrastructure; and
  - (b) Is committed by an individual or individuals as part of an effort to:
    - i. Coerce the civilian population of the United States; or
    - ii. To influence the policy or affect the conduct of the United States Government by coercion.

The United States Government, Department of Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula the United States Government generally reimburses a percentage, as shown in the schedule below, of covered terrorism losses exceeding the statutorily established deductible paid by Us. However, if aggregate insured losses attributable to certified acts of terrorism exceed \$100 billion in a calendar year the Treasury will not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Federal Share of Terrorism Losses	Year
85%	2015
84%	2016
83%	2017
82%	2018
81%	2019
80%	2020

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met Our insurer deductible under the Terrorism Risk Insurance Act:

- 1. We shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion; and
- 2. Insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

This endorsement does not create coverage for any loss that would be otherwise excluded under the War or Nuclear exclusion in Your policy.

### ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

SERFF Tracking #: ASPX-G130230880 State Tracking #: Company Tracking #: DC07897AI00018

State: District of Columbia Filing Company: American Bankers Insurance Company of Florida

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

**Product Name:** TRIA 2015

Project Name/Number: First Protector/DC07897AI00018

## **Supporting Document Schedules**

O d d d d d d d d d d d d d d d d d d d						
Satisfied - Item:	Cover letter					
Comments:	Cover letter					
Attachment(s):	GENFL_090315_DC Form.PDF					
Item Status:						
Status Date:						
Bypassed - Item:	Consulting Authorization					
Bypass Reason:	N/A					
Attachment(s):						
Item Status:						
Status Date:						
Satisfied - Item:	TRIA Filing Form					
Comments:	TRIA Filing Form					
Attachment(s):	TRNFM_081415_expedited transmittal_tria2015.PDF					
Item Status:						
Status Date:						
Bypassed - Item:	Deadability Cartificate					
	Readability Certificate					
Bypass Reason:	N/A					
Attachment(s):						
Item Status:						
Status Date:						
Bypassed - Item:	Copy of Trust Agreement					
Bypass Reason:	N/A					
Attachment(s):						
Item Status:						
Status Date:						



American Bankers Insurance Company of Florida

11222 Quail Roost Drive Miami, FL 33157-6596 T 305.253.2244 F 305.252.6987

September 3, 2015

www.assurant.com

District of Columbia Department of Insurance

Re: AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

NAIC # 019-10111 / FEIN # 59-0593886

LOB: Commercial Miscellaneous

First Protector Program

Company Filing Number: FIB DC07897AI0018

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Sincerely,

Toni Fish
Contract Compliance Analyst
State Filings Department
Phone No.: 1-800-852-2244, Extension 33104
Fax No 305-256-7108

## EXPEDITED SERFF FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

### Indicate Type of Filing

- Filing Related to Certified Losses
- O Filing Related to Non-Certified Losses
- O Filing Applicable to Both Certified and Non-Certified Losses

### This abbreviated filing transmittal document should be used in conjunction with a SERFF filing only.

To be complete, a filing must include the following:

- A completed Expedited SERFF Filing Transmittal Document.
- One copy of each endorsement, disclosure form and/or or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation, if applicable.
- The appropriate filing fees, if applicable

The insurer(s) submitting this filing certifies that it:

- · Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and/or the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Electronic Signature:			
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